



Complications in total laryngectomy at the National Cancer Institute of Mexico

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Objective:

To describe the complications most frequently found in patients taken to total laryngectomy and their correlation with clinical characteristics, at the National Cancer Institute of Mexico in the period from 2005 to 2014.

Methods

A retrospective and descriptive study was conducted, based on the electronic file of patients undergoing total laryngectomy. Clinical, laboratory characteristics as well as the treatment received were taken into account. For the statistics it was done with univariate analysis, chi square was used for correlation of main complications and risk factor.

Table 1. Patient characteristics

	n = 98	%			
Age			Clinical		
<40	1	1	Stage		
41-50	6	6.1	I	5	5.1
51-60	34	34.7	II	1	1
61-70	31	31.6	III	24	24.5
71-80	20	20.4	IV	68	69.4
> 80	6	6.1	Subsite		
Gender			Supraglottic	10	10.2
Men	93	94.9	Glottic	83	83.7
Women	5	5.1	Subglottic	5	5.1
Smoking	83	84.7	T		
Alcoholism	81	82.7	1	5	5.1
Patient's status			2	2	2
Live	33	33.7	3	27	27.6
Deaths	65	66.3	4A	64	65.6
			N		
			0	62	62.3
			1	15	15.3
			2	19	19.4
			3	2	2

Table 2. Type of treatment

	n=98	%
Radiotherapy		
Yes	11	11.2
No	87	88.8
ChemorT		
Yes	17	17.3
No	81	82.7
Laser surgery		
Yes	11	11.2
No	87	88.8

Table 3. Surgical complications

	n=98	%
Hospital stay		
<5	46	46.9
6-10	34	34.7
>11	18	18.4
Reoperation		
Yes	9	9.2
No	89	90.8
Pharyngocutaneous Fistula		
Yes	23	23.5
No	75	76.5
Bleeding		
Yes	20	20.4
No	78	79.6
Dehiscence		
Yes	12	12.2
No	86	87.8
Wound infection		
Yes	15	15.3
No	83	84.7
Tracheostoma dehiscence		
Yes	1	1
No	97	99
Type of reconstruction		
Pectoral	4	4.1
Deltpectoral	3	3.1
Microvascular	1	1

Results

513 patients with a diagnosis of laryngeal cancer were identified between 2005 and 2014, of which 98 were taken to total laryngectomy. The overall incidence of complications was 32.6%. The most frequent complication was the pharyngeal cutaneous fistula with 23%. In the univariate analysis, it was only statistically significant to have received concomitant chemoradiotherapy for fistula development.

Conclusions

The incidence of complications in total laryngectomy at the National Cancer Institute of Mexico is within the reported in the world literature.

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